U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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	For Official Use Only	
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

•	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12/31/2004
. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name ELNEST H SODERSTRAM	Name UNITED ALSOCIATION OF JAPRZ
	Labor Organization File Number
DO Day Dida Daam No if any	P.O. Box, Building and Room Number, if any
P.O. Box, Bidg., Room No., if any	r.o. box, building and room realises, it any
Street 901 MASSACHUSETTS AVE NO	Street 901 MASSACHUSETTS AVE NW
City WASHINGTON	City WALHINGTON
State O. C. ZIP Code + 4 2000 /	State OC ZIP Code + 4 2000/
Position in labor organization.	
COMPTHOLCET	
nonetary value from an employer whose employees your organ. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Traine	· · · · · · · · · · · · · · · · · · ·
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount
Street	
City	
City State ZIP Code + 4	
	Signature
State ZIP Code + 4	Signature alty of Perjury and other applicable penalties of the law, that all of the information
State ZIP Code + 4 15. Signature and verification. The undersigned declares, under penal submitted in this report (including the information contained in any accompany).	alty of Perjury and other applicable penalties of the law, that all of the information inpanying documents), has been examined by the signatory and is, to the best of the
State ZIP Code + 4 15. Signature and verification. The undersigned declares, under penal	alty of Perjury and other applicable penalties of the law, that all of the information inpanying documents), has been examined by the signatory and is, to the best of the

Date

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business

of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name THE MCLAUGHLIN COMPANY a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any 900 c. Employer Street 1725 DEVALES ST WASHINGTON ZIP Code +4 20036 OC State 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Name INSURANCE AGENT Trade Name, if any: P.O. Box, Bldg., Room No., if any Street A80,500 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. State ZIP Code + 4 DINNER AFTER BWINELL MEETING \$50 12.b. Amount.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.
(including trade flame, if any).		
Name	· · · · · · · · · · · · · · · · · · ·	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	·	
Street		
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State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

ZIP Code + 4

TWO BUSINERS CUNCHES

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name MERZ-HUBER CO. a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 630 FAIRNIGH RAND SWARTWIDORE ZIP Code + 4 / 905/- 23/5 11.a. Nature of such dealing. 10. if 9.b. or 9.c. is checked give trust or employer's name. Name INSURANCE AGENT Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. \$175,000 City 12.a. Nature of interest held or income received.

Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.
Name		
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13 h Is the Rusiness on Employer	or Consultant ?	14.b. Amount of payment.

12.b. Amount.

State

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or

C. Received from any employer (other than an employer covered under parts A and B above)

File Number U- 33/9

(2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name O'OONOGHVE & O'SOMONIE a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 4748 WISCOMSIN AVE NW WASHINGTON OC ZIP Code + 4 2046 State 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Name LEGAL SERVICES Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. 4% 700,000 City 12.a. Nature of interest held or income received. BDINNER AFTER State ZIP Code + 4 BUINESS MEETING # COST SPLIT WITH SALTER + Co.

 Name and address of Employer or L (including trade name, if any). 	abor Relations Consultant	14.a. Nature of payment.
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Trade Name, if any:		
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State	ZIP Code + 4	the contract of the same and th
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or

ZIP Code + 4

or Consultant

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(2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Rx AUDITORS + CONSUCTANTS a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any SUITE 1100 c. Employer Street 2801 PONCE DE LEON BLVD. CORAL GABLES ZIP Code + 4 33/34/ State 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Name PHACMACY BENEFIT Trade Name, if any: COMMETING + ANDITING P.O. Box, Bldg., Room No., if any Street 725,000 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. ZIP Code + 4 State DINNER AFTER A BILLINEU MEETING 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any),

14.b. Amount of payment.

Name

Street

City

State

Trade Name, if any:

P.O. Box, Bidg., Room No., if any

13.b. Is the Business an Employer

File Number U- 33/9

B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name SACTER & COMMANY Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 1629 & START NW 300 City WASHIMSTON State OC ZIP Code +4 20066	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	AUDITING & ACCUMTING SERVICES
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	# CONT SPLIT WITH 00 WIGHTS & 000NOGENE

or from any labor relations consultant to	an employer any payment of mone	y or other thing of value.
13.a. Name and address of Employer or L (including trade name, if any).	abor Relations Consultant	14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
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State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above)